



CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THE BELOW AND RETURN BY FAX ONLY TO: 651-385-2507
ALONG WITH A COPY OF AUTHORIZER'S DRIVER'S LICENSE

CREDIT CARD INFORMATION

Card Type Mastercard Visa Discover American Express Other

Cardholder's Name (as shown on card) _____

Card Number _____ Expiration Date (mm/yyyy) _____

Card Verification Value/Code (three or four digits located on back of credit card) _____

Cardholder's ZIP Code (from credit card billing address) _____

Cardholder's Phone Number _____

Cardholder's Email _____

A valid telephone number and email are required, as we will contact you to confirm receipt. If we are unable to do so, your reservation will be subject to cancellation.

Hotel Guest _____

Confirmation Number _____ Arrival _____ Departure _____

I, _____, authorize _____ to charge my credit card above for agreed-upon purchases. I understand that my information will stay on file for future transactions to my account.

The credit card listed above may be billed for the estimated charges ten (10) days prior to event/reservation date. Rooms and fees on individual bookings will be charged day of reservation.

Cardholder's Signature _____ Date _____

I hereby authorize the following charges to be applied to the credit card listed above.

CHECK ALL THAT APPLY

Room and All Applicable Taxes & Resort Fees

Food and Beverage

All Incidentals

Other Charges

Recipient _____

Recipient's Email Address _____

TI Receiving Personnel Name _____ Date _____